

PROJECT COST ESTIMATE WORKSHEET
ARKANSAS DEPARTMENT OF HEALTH

PD # _____

CHECK # _____

PROJECT # _____

Received _____

PROJECT NAME _____

PHYSICAL ADDRESS & CITY _____

SUBMITTER OR CONTACT PERSON _____

MAILING ADDRESS _____ TELEPHONE _____

CITY, STATE & ZIP CODE _____

COST ESTIMATE: (ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE AN ADH REVIEW)

WATER SYSTEM IMPROVEMENTS _____ \$ _____

SEWER SYSTEM IMPROVEMENTS _____

PLUMBING _____

SWIMMING POOL _____

FOOD PREPARATION AND STORAGE AREA(S) IMPROVEMENTS _____

HEALTH FACILITY IMPROVEMENTS _____

OTHER _____

TOTAL ESTIMATED COST _____ \$ _____

PLAN REVIEW FEE:

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.

IF TOTAL ESTIMATED COST IS 50,000.00 OR MORE, REVIEW FEE IS \$500.00.

CEMETERY INSPECTION FEE IS \$50.00 FLAT. THE CEMETERY PLANS MUST ACCOMPANY \$50.00 FEE.

IF TOTAL ESTIMATED COST IS BETWEEN \$5,000 AND \$50,000: CALCULATE THE REVIEW FEE AS FOLLOWS.

PLAN REVIEW FEE = (0.01) X (TOTAL ESTIMATED COST) = \$ _____

ADDITIONAL REVIEW FEE WILL BE REQUIRED FOR SUBDIVISION AND MOBILE HOME PARK PLANS UTILIZING SEPTIC TANK SYSTEMS FOR SEWAGE DISPOSAL. ADDITIONAL FEE FOR THESE PROJECTS WILL BE CALCULATED AS FOLLOWS:

MOBILE HOME PARKS

2-25 SPACES	_____	\$ 25.00
26-50 SPACES	_____	50.00
50-75 SPACES	_____	75.00
76 OR MORE	_____	100.00

SUBDIVISIONS

FIRST LOT	_____	\$ 30.00
FOR EACH ADDITIONAL LOT	_____	5.00
MAXIMUM FEE	_____	500.00

PREPARED BY: _____ DATE: _____